DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: OUR HOME LAC DU FLAMBEAU (0010443)

Address: 2201 WEST BOLTEN LAKE LANE, LAC DU FLAMBEAU, WI 54538

License Status: REGULAR

Licensed/Certified/Registered 07/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0092712 End Date: 05/21/2004 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092792 End Date: 12/19/2003 Type: INITIAL Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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